

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 06/05/02  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: CAMERA REFERENCED CONTROL IN A  
MINIMALLY INVASIVE SURGICAL  
APPARATUS  
Attorney Docket Number:: 017516-002120US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 27  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: GUNTER  
Middle Name:: D.  
Family Name:: NIEMEYER  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 111 N. Rengstorff Ave., #135  
City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94043

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: GARY  
Middle Name:: S.  
Family Name:: GUTHART  
City of Residence:: Foster City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 732 Chebec lane  
City of Mailing Address:: Foster City  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: WILLIAM  
Middle Name:: C.  
Family Name:: NOWLIN  
City of Residence:: Los Altos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1751 Oak Avenue  
City of Mailing Address:: Los Altos  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94024

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: NITISH

Family Name:: SWARUP  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1000 Escalon Avenue, L-3094  
City of Mailing Address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: GREGORY  
Middle Name:: K.  
Family Name:: TOTH  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 753 Harvard Avenue  
City of Mailing Address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94087

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: ROBERT  
Middle Name:: G.  
Family Name:: YOUNGE  
City of Residence:: Portola Valley  
State or Province of Residence:: CA  
Country of Residence:: US



Street of Mailing Address:: 550 Westridge Drive  
City of Mailing Address:: Portola Valley  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94028

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

|                              |                         |                       |
|------------------------------|-------------------------|-----------------------|
| Representative Designation:: | Representative Number:: | Representative Name:: |
| Primary                      | 36,443                  | Mark D. Barrish       |

### **Domestic Priority Information**

|                      |                   |                      |                      |
|----------------------|-------------------|----------------------|----------------------|
| Application::        | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application     | Continuation of   | 09/373,678           | 08/13/99             |
| which claims benefit | provisional       | 60/128,160           | 04/07/99             |

### **Assignee Information**

Assignee Name:: Intuitive Surgical, Inc.  
Street of mailing address:: 950 Kifer Road  
City of mailing address:: Sunnyvale  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94086

